

# Montessori School of Wellington

519 821 5876

[montessori.wellington@bellnet.ca](mailto:montessori.wellington@bellnet.ca)

Please print, complete and submit the registration form, along with payment, to:

Montessori School of Wellington

68 Suffolk Street West

GUELPH, ON, N1H 2J2

## REGISTRATION FORM

Please indicate which week(s) you wish:

DATE	HOURS	FEE	HOURS	FEE	TOTAL
July 5 to 9, 2010	9 am to 12 pm [ ]	\$100	9 am to 4 pm [ ]	\$200	
July 12 to 16, 2010	9 am to 12 pm [ ]	\$100	9 am to 4 pm [ ]	\$200	
July 19 to 23, 2010	9 am to 12 pm [ ]	\$100	9 am to 4 pm [ ]	\$200	
July 26 to 30, 2010	9 am to 12 pm [ ]	\$100	9 am to 4 pm [ ]	\$200	
<b>GRAND TOTAL</b>					

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Health Card No.: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Bus. Tel: \_\_\_\_\_

Mother's cell#: \_\_\_\_\_ Father's cell#: \_\_\_\_\_

e-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel.: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Allergy, medical Information, dietary restrictions: \_\_\_\_\_

---

### OFFICE USE ONLY

Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Method of payment:

Cash [ ]

Cheque [ ]